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## NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: <u>D8988439</u>
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## Total Fee Calculation

		10tal Fee	Calcula	atior	1			
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	<b>.</b>	
Basic Filing Fee  Total Claims >20  Independent Claims >3	Sm./Lg. 201/101 203(103) 202/102	24 -20 = 	4_2	x x	Sm. Entity	Lg. Entity  790.00  58.00	Total  TOtal  190.00  88.00  164.00	
Mult. Dep Claim Present Surcharge English Translation	204/104 205/105					135.00	130.00	
TOTAL FEE CALCULA							 1 <u>172.</u> 00	
Fees due upon filing th	e application:							
Total Filing Fees Due = \$ //12.00								
Less Filing Fees Submi	πed -\$			_				
BALANCE DUE	= \$	1172.00	)	_				
Office of Initial D								

Office of Initial Patent Examination